



Official Transcript Request Form

Former Stillwater High School Student (2002 and earlier)

Full Name at time of attendance:

Last, First, M.I. (include maiden name)

Date of Birth: _____

Year of Graduation: _____

Current Address: _____

Phone #: (Required for contact if there is a problem processing the request.)

SEND TRANSCRIPT TO: (Please Print)

Institution/Organization: _____

Attention: _____

Street Address:

City, State and Zip Code:

I hereby authorize Stillwater Area High School to release my transcript to address listed above:

Signature: _____ **Date:** _____

Mail transcript request form with \$ 8.00 payment to:

Stillwater Area High School

Transcript request

5701 Stillwater Blvd North

Stillwater, MN 55082

FOR OFFICE USE ONLY Date Request Rec'd: _____ Date Transcript Mailed: _____

Fee Paid: \$ _____ Sent By: _____